

Health Update:

Reminder of Enhanced Disease Surveillance Associated With The Presidential Debate in St. Louis

October 5, 2004

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The Missouri Department of Health & Senior Services (DHSS) is now using 4 types of documents to provide important information to medical and public health professionals, and to other interested persons:

Health Alerts convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies, and/or the public.

Health Advisories provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

Health Guidances contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

Health Updates provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

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**FROM: RICHARD C. DUNN
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SUBJECT: Reminder of Enhanced Disease Surveillance Activities Associated With The October 8, 2004, Presidential Debate in St. Louis

On September 28, 2004, the Missouri Department of Health and Senior Services (DHSS) issued a Health Advisory describing enhanced disease surveillance activities associated with the Presidential Debate on October 8 in St. Louis (see http://www.dhss.mo.gov/BT_Response/HAdPresidentialDebate9-28-04.pdf).

DHSS, along with local public health agencies in the St. Louis area, wish to again remind health care providers of the need to be especially alert during the period surrounding the debate for possible terrorism-associated diseases. Although there have, to date, been no specific, credible threats targeting the debate, the need for heightened vigilance in association with this type of event is clearly evident.

During the period surrounding the debate, and especially from October 8-15, DHSS and local public health agencies will be enhancing disease surveillance activities to better recognize covert, intentional biological, chemical or radiological attacks. These enhanced activities are summarized in the September 28 Health Advisory, which should be consulted for details. As stated in this document, **any suspicion of terrorism-associated disease, or any unusual manifestations or clusters of illnesses, should be immediately reported to DHSS at 800-392-0272 (24 hours a day, 7 days a week).**

Illness patterns and diagnostic clues that might indicate terrorism-associated exposures to a biological or chemical agent are summarized on the next page. Additional information for physicians and other medical professionals on the recognition and management of diseases resulting from intentional exposure to biological or chemical agents, or to radiological materials, is available from DHSS at http://www.dhss.mo.gov/BT_Response/BT_Response.html. Additional links are provided in the September 28 Health Advisory.

If you have any questions, contact DHSS at 800-392-0272.

The covert release of a biologic agent may not have an immediate impact because of the delay between exposure and illness onset, and outbreaks associated with intentional releases might closely resemble naturally occurring outbreaks. Indications of intentional release of a biologic agent include:

- 1) an unusual temporal or geographic clustering of illness (e.g., persons who attended the same public event or gathering) or patients presenting with clinical signs and symptoms that suggest an infectious disease outbreak (e.g., ≥ 2 patients presenting with an unexplained febrile illness associated with sepsis, pneumonia, respiratory failure, or rash or a botulism-like syndrome with flaccid muscle paralysis, especially if occurring in otherwise healthy persons);
- 2) an unusual age distribution for common diseases (e.g., an increase in what appears to be a chickenpox-like illness among adult patients, but which might be smallpox); and
- 3) a large number of cases of acute flaccid paralysis with prominent bulbar palsies, suggestive of a release of botulinum toxin.

CDC. Recognition of illness associated with the intentional release of a biologic agent. *MMWR* 2001; 50(41):893-7.

(For more information, see http://www.dhss.mo.gov/BT_Response/Bio_Med.htm.)

Clues that might suggest the covert release of a chemical agent include:

- 1) an unusual increase in the number of patients seeking care for potential chemical-release-related illness;
- 2) unexplained deaths among young or healthy persons;
- 3) emission of unexplained odors by patients;
- 4) clusters of illness in persons who have common characteristics, such as drinking water from the same source;
- 5) rapid onset of symptoms after an exposure to a potentially contaminated medium (e.g., paresthesias and vomiting within minutes of eating a meal);
- 6) unexplained death of plants, fish, or animals (domestic or wild); and
- 7) a syndrome (i.e., a constellation of clinical signs and symptoms in patients) suggesting a disease associated commonly with a known chemical exposure (e.g., neurologic signs or pinpoint pupils in eyes of patients with a gastroenteritis-like syndrome or acidosis in patients with altered mental status).

Various chemical agents could be used as covert weapons, and the actual clinical syndrome will vary depending on the type of agent, the amount and concentration of the chemical, and the route of the exposure.

(CDC. Recognition of illness associated with exposure to chemical agents – United States. *MMWR* 2003; 52(39):938-40.)

(For more information, see http://www.dhss.mo.gov/BT_Response/Chem_Med.htm.)

For information on the recognition and management of disease associated with radiation exposure, see: http://www.dhss.mo.gov/BT_Response/Nuclear_Med.htm.